

Deposited

THE CHILD

JUNE-JULY 1953



TOWARD BETTER SPEECH AND HEARING

Tennessee children are tested by State Crippled Children's Service

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and

SYLVIA STECHER

TESTING the children of Tennessee to discover hearing and speech defects is part of an over-all State-wide program to find, treat, and rehabilitate children and adults handicapped by defects of speech and hearing.

The program was started through a movement sparked by the medical profession. This movement, in 1949, led to organization of the Tennessee Hearing and Speech Foundation, a cooperative nonprofit enterprise sponsored first by the Tennessee State Medical Association and now supported by more than 40 public and private agencies and organizations. A major function of the Foundation is to establish speech and hearing clinical centers, to which we shall refer later.

The over-all program consists of three phases: The first phase, which is the subject of this article, consists of finding the children with speech or hearing defects. The second phase consists of providing medical services in some circumstances, and also specialized clinical services, such as making detailed audiometric studies, fitting hearing aids, providing speech therapy, and so forth. These specialized services are given through hearing and speech centers provided by the Foundation. These two phases are under the direction of the Crippled Children's Service of the State Department of Public Health. The third phase, the education of children with hearing or speech defects, is the responsibility of the State Department of Education.

The part played by the Crippled Children's Service in this over-all program is the result of action by the State Legislature in 1951, redefining the term "crippled child," to include

children with speech or hearing handicaps as eligible to receive service under the State program for crippled children. The Legislature at the same time appropriated funds to finance a speech and hearing program for children.

In order to carry out its new duties, the Crippled Children's Service established a Speech and Hearing Section, with an Assistant Service Director at

21 years of age, are tested through clinics established at local health departments.

Our Speech and Hearing Section includes four senior speech and hearing consultants who hold a master's degree, and four junior speech and hearing consultants with a B.S. or an A.B. degree. The consultants travel and work in teams of two, a senior and a junior consultant.



After complete medical, audiological, and social diagnosis, a hearing aid is sometimes recommended for a child. This little boy seems to be enjoying his experience with the aid.

its head. This Section sends into each part of the State a diagnostic and screening team, consisting of two workers. The team is equipped to carry out mass or individual audiometric testing, speech recording, and other procedures to determine whether a child is handicapped by any speech or hearing defect. School children are usually tested in their own schools. Preschool children, and boys and girls out of school but under

During our first year of operation the teams traveled over the State with Nashville as their base. This year, however, we have three regional offices: one in Johnson City, one in Jackson, and one in Nashville. Two consultants are stationed in Johnson City and cover the northeastern section of the State; two in Jackson, to cover 17 western counties; and four in Nashville, to serve the counties in middle Tennessee.

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We plan eventually to divide the territory up still further and to have regional offices in three more cities, Memphis, Chattanooga, and Knoxville. By next year the staff of consultants will have to be increased, since it is impossible for the present staff to cover every county in the State every year.

This year we are testing children in the counties that we did not reach last year. We also are going back to the counties that we visited last year to retest children who were found to have defects.

Finding the children

Our first year of operation was an experimental one. Three different methods of case finding were tried, to determine which was the most effective. These methods were: (1) Complete survey, as described below. (2) Referrals, by the teacher, of children who seemed to her to have speech or hearing defects. Under this plan the teachers sent to the county health department, through the education department, a list of the children who seemed to have either speech or hearing problems. In most cases the children referred were brought by teachers or parents to the local health department and we tested them there. (3) Similar referrals, by the teacher, with the aid of "symptom sheets," which list things that might indicate a speech or hearing problem. The children so referred were tested just as were those under "(2)."

Statistics were compiled concerning all three methods, and, needless to say, the complete survey by trained consultants ferreted out more problems than did either of the other methods. The classroom teacher does not have much trouble recognizing the major problems, but it is very difficult for her to detect borderline ones, and it is these children especially that we want to reach, since our program is mainly one of conservation.

Under the complete-survey procedure, which we tried in six counties and which involved testing approximately 15,000 children, we went into every school in the county and screened every child in the first eight

grades for both speech and hearing. We used a pure-tone portable screening audiometer.

Testing was done under a variety of circumstances:

In one-room schools we usually tested in the classroom, with all the children in the room at one time. This eliminated individual explanations to each child. The testing procedure was explained once, and then each child was screened in turn. In the larger schools we used the quietest room we could get: clinic, library, gymnasium, auditorium—stage and dressing rooms—lunchroom, or any other quiet location.

When a school had no electricity, which is needed for operating our equipment, we tested in a nearby church, and now and then even in a farmhouse.

In all our testing we found only one school in which we could not manage somehow to give an audiometric test. That was a one-room mountain school at the end of a precariously steep ascent. There was no electricity anywhere on the ridge, and taking the children down from the mountain was not feasible. But all in all very few of our rural schools do not have electricity, and we managed to get the children in these schools tested somehow.

An example of such a situation comes to mind, which shows how eager the teachers are to have the children tested. We were working in Fayette County in southwest Tennessee—a county with a predominantly Negro population. One school had no electricity, and so the teacher was told to take her children to another. When we arrived there we were told that the teacher had sent word that she could not get transportation for her children, but that they would walk $2\frac{1}{2}$ miles to a church where

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This paper was presented to the Section on Testing Programs in Speech and Hearing at last year's meeting of the Speech Association of America, Cincinnati, Ohio.

there was electricity. We drove on to the church only to find that it was occupied—a revival was in progress—but again we had a message from the teacher. She would take her children to a farmhouse a mile down the road. We finally found her and 24 children, and we tested them in the bedroom of a tenant farmer's home. So you see there is always a way.

On the basis of our first year's findings we set up what will be our regular yearly procedure from now on. In every county we test the hearing of every child in the second, fourth, and sixth grades. In this way every child will be tested every other year. In the second grade the children are also checked for speech. We test children in any of the other grades, including high-school grades, when the teacher refers them to us.

The second, fourth, and sixth grades were selected because according to our findings more significant hearing problems occur in children in these age groups than in others.

Most children outgrow baby talk

For speech testing, the second grade was selected rather than the first, because, although many youngsters still use baby talk when they enter the first grade, they are likely to overcome this through being in school, learning to read, talking with other children, and just growing up. If they have not overcome it by the time they reach the second grade, they probably need some special training.

The children who fail to pass the initial screening test for hearing are recalled and given a more thorough test; and, if necessary, an audiogram is made and the child is referred to a doctor. For children with speech defects the procedure is similar.

At first we used to screen all the schools and then go back to retest. But we found that this took up too much time, and so we now retest while we still are at the school.

In each county we work through the local public-health department and department of education. Several weeks before work is begun a planning meeting is held. At the meeting the medical director of the county

health department, the public-health nurse, the school superintendent, and teaching supervisors are present. In addition anyone else who is to work on the program or who is interested in it may come—the attendance teacher, school principals, the welfare worker, and at some meetings even the county judge.

At this planning meeting the senior speech and hearing consultant explains fully the workings of the program and the services available for the children. According to the number of children to be tested, dates are set up. The public-health nurse and the teaching supervisor are usually the ones who work out the schedule for testing, and in most cases, it is the teaching supervisor who goes with us to the schools.

When we go into a county to test under this plan we prefer not to go to a school where there are fewer than 20 children to test; it takes too much time to set up our apparatus and to go from one school to another. Therefore we like to have these children brought in to one of the larger schools nearby. All the counties in which we have worked so far this year have been most cooperative about this. As many as 50 children have been brought to a central location from one school. This makes it possible for us to test more children in a day. We have found that a good daily average for two consultants, counting screening and retesting, is about 200 children.

Next year, when we hope to have more consultants, we will also retest in every school all the children for whom we made medical or clinical referrals this year. That will become our established procedure—screening for hearing all children in the second, fourth, and sixth grades, testing the speech of all second-graders, rechecking children placed under observation, checking teacher referrals from other grades, and retesting the children referred to doctors or clinics in the previous year to see whether or not their condition has improved.

When we leave a county, we give the department of education and the public-health department a complete list of the children that we have found

to have speech or hearing problems. This list includes not only children with serious difficulties, whom we have referred to a doctor or to a center, but also children with less severe problems for whom we feel that such a referral is not called for at the time, but whom we place under observation. For example, we usually put a first-grader with a speech problem under observation unless his speech is completely unintelligible. Other children are placed under observation if they have one or two slight deviations. A second-grader with a slight speech problem is checked again when he reaches the fourth grade and notation is made as to whether he has improved or not. We consider a speech problem serious enough for referral to a speech and hearing center only when it interferes with adequate communication and is causing maladjustment in the child.

Public-health nurse plays a key role

The referrals are left with the county public-health department, and it is the duty of the public-health nurse to follow these up and see that the children receive the recommended examination and treatment. Referrals are marked with a first, second, or third priority, depending upon the severity of the problem. No. 1 indicates that the child should have immediate attention; No. 2, that he needs attention, but that the need is not pressing; No. 3, that he does not need attention now but may need it in the future.

If a child has a hearing loss the nurse visits his parents, and discusses the case with them. She suggests that the child be seen by the family doctor, who may recommend a specialist if he thinks it necessary. If the family cannot afford to pay for medical service the public-health nurse completes an application for such service, which is sent to the regional office of Crippled Children's Service through which she works.

In the regional office an authorization is issued and the child is seen by one of the ear specialists who are working with us on this program. If he recommends a series of medical

treatments, Crippled Children's Service pays for these; also for surgical or radiological treatments if the specialist recommends these. (We do not provide for surgery unless the ear specialist feels that the child's hearing will be improved by it.) If the child needs a hearing aid and his family cannot afford to buy one, Crippled Children's Service will buy it for him, and if necessary, service it. If the child's hearing is impaired so much that speech training is advisable, this is made available through the facilities of the nearest hearing and speech center.

Children with organic speech problems are, of course, referred to the proper specialists. Repair of cleft palate, a condition that causes much speech difficulty, has long been a function of Crippled Children's Service. Children with cleft palate are seen by the plastic surgeon, the orthodontist, the prosthodontist, and the pediatrician, as well as the speech correctionist. Speech correction goes hand in hand with repair of the child's cleft palate.

Purely functional speech problems are referred to an ear, nose, and throat specialist before the child is admitted to the center for treatment.

We have referred several times to speech and hearing centers, and we'd like to tell a little about them.

The first one of these centers established in the State is the one at Nashville. It is housed in the Tennessee Hearing and Speech Foundation building, provided by the Vanderbilt University School of Medicine. It is located directly across the street from Vanderbilt Hospital, and it is equipped with every modern device necessary for the efficient functioning of a speech and hearing center. Last year this was the only such center we had, and service was available mainly to children within a convenient radius of Nashville.

This year another such center is in operation, in Johnson City, under the sponsorship of East Tennessee State College, and children in eastern and northeastern Tennessee are served through it.

Another center is being established

in Jackson, Tennessee, and various other places. Each of these centers has been building up a staff of specialists. The Jack- Madison apiece to Each of counties service \$500, and various and by o vate don forth. A the Jack took to g They we ing don labor. T project.

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in Jackson, in Madison County, west Tennessee. This center has a wide and varied sponsorship. The building has been provided by the county—a building which, incidentally, has 18-inch concrete walls, ceilings, and floors, these are a great aid to sound-proofing. One of the leading ear specialists in Jackson is president of the Jackson Hearing and Speech Center. The city of Jackson and Madison County contributed \$2,000 apiece toward the cost of the center. Each of the 16 other west Tennessee counties whose children will receive service at this center contributed \$500, and this \$500 was raised in various and sundry ways—by PTA's and by civic clubs, and through private donations, county funds, and so forth. A group of ladies comprising the Jackson Service League undertook to get the building ready for use. They were very successful in obtaining donations of both material and labor. This center is truly a regional project.

Centers open to all

Crippled Children's Service does not operate any of these centers. Our role is merely one of stimulating interest, assisting in planning, recommending standards, and aiding in getting centers opened.

The State health department has helped by purchasing a considerable amount of equipment for each center, and for a limited time will pay the salary of one therapist. The equipment is on loan as long as the center is in operation. After a center is established we purchase service from it for children whose parents are unable to pay.

These centers offer complete speech and hearing diagnostic service, a full program of speech therapy, hearing evaluation, auditory training, speech reading (formerly called lip reading), and psychological testing. They are open to all, regardless of race, creed, color, or age. They accept children referred by private doctors, as well as those referred by Crippled Children's Service. State services for crippled children are extended only to persons under 21 years of age. However, the State Vocational Re-

habilitation Service is available to persons 21 or over.

Memphis already has its own speech and hearing center, organized about 5 years ago, and we hope eventually to have speech and hearing centers in Chattanooga and Knoxville. Then every child in the State will be within easy reach of speech and hearing service. Of all the handicapped children, those with speech handicaps can be most readily helped if help is made available.

During our first year of testing, it was frustrating at times to find so many severe speech problems and to know that nothing much could be done for the children since they were too far from the center at Nashville, and very few counties had speech correctionists. Now, however, the State Department of Education has a scholarship plan, whereby a teacher who is interested in the field of speech correction may go to summer school for four summers; thus she can qualify as a speech correctionist and get a master's degree at the same time. Each year when she returns to her county she takes on a little more responsibility. After the first summer

she works only on simple problems of articulation. The following year she takes on more serious cases, and so on. Through this system we hope to have speech correctionists in many more counties in Tennessee.

Another of our functions is participation in monthly cleft-palate clinics, which are held in Memphis, Nashville, and Knoxville. We test the child's speech and hearing at the clinic. This we usually do in the morning, and in the afternoon the child is brought before a group of specialists for complete study.

In Jackson we take part in a cerebral-palsy clinic, which is held once every 3 months.

We feel that finding children with hearing or speech defects is the foundation of Tennessee's speech and hearing program. The program aims to reach, before long, every child in the State who has a defect either in his speech or his hearing, so that no Tennessee child will be hampered by this type of defect in obtaining an education leading to eventual self-support and responsible citizenship.

This is part of the equipment used at hearing and speech centers in diagnosing. The photograph was taken at the Speech and Hearing Center, Johns Hopkins University and Hospital.



FOSTER PARENTS SPEAK UP

Children's agency welcomes their participation in planning

ESTHER S. MELTZER
and
MIRIAM WANNE

LIKE most foster-home agencies, the Jewish Children's Bureau of Cleveland for years traditionally gave an annual tea or dinner for foster parents (usually the former, out of consideration for the agency's budget).

The purpose of the annual social event was twofold: (1) To give foster parents an opportunity for identification as a group and as a part of a larger whole, and (2) to give the agency staff and board an opportunity to give recognition to them for the important role they play in the agency's service to children.

But this once-a-year social gathering, we began to realize, was doing nothing to help the foster parents deal with their difficulties and uncertainties regarding their relationship to the agency, which they knew only through their contacts with various caseworkers.

Before it was time to plan the 1948 annual get-together, we of the agency realized that just another social meeting would not suffice. We felt that foster parents ought to be given a chance to know more about the whys of the work in which they and we were mutually engaged. They needed to know more about such things as why some parents cannot provide homes for their children, so that the children need foster care; why the agency functions as it does; why children behave as they do; why foster children at times are very much like one's own children and why at other times they are incomprehensible strangers.

We decided to offer a brief study course made up of lectures on child

development and child behavior, and we took our plans to our case consultant, who had done considerable work in group education. After a vigorous discussion, we recognized that we had again fallen into the standard attitude of workers toward foster parents, that is, thrusting the foster parents into the role of passive onlookers. Such a program would not encourage striving for answers to questions.

Our next plan was a variation of our original proposal. This time we decided to hold a series of monthly meetings at which there would be no outside speakers. The foster parents themselves would determine the range and depth of the discussion. A planning committee composed of two staff members and seven or eight foster parents would meet before each general meeting to draw up the agenda. The case consultant would lead the group discussion, and after each meeting a staff committee would analyze the progress we had made. What we would deliberately seek would be an exchange of knowledge and experience that should lead us all to a better understanding of why foster-home placement is needed for some children and how foster parents

ESTHER S. MELTZER is now with the Spence-Chapin Adoption Service, New York City. Before that she was a district supervisor with the Jewish Family and Children's Bureau of Boston. At the time the program described here was started, Miss Meltzer was a caseworker with the Jewish Children's Bureau of Cleveland. This article is based primarily on a paper that Miss Meltzer gave at the Ohio State Welfare Conference when the program of foster-parent meetings had been going on about a year and a half. The article is planned to show the dynamics of the program's start.

MIRIAM WANNE, who is a caseworker with the Jewish Children's Bureau of Cleveland, has contributed additional material to show some of the later developments in the foster-parent meetings.

Concerning the more recent stages of the program much still remains to be told.

and caseworkers can best work together for the greatest benefit of these children.

The meetings were to be held at night so that foster fathers, too, could come.

This plan was put into effect in April 1948. The response of the foster parents was electrifying. All of us—foster parents and staff—were fired with enthusiasm to wrest from each meeting the maximum in learning from one another and in finding out how to translate our knowledge into more fruitful cooperative work.

For members of the planning committee we chose some foster parents who had had long service with the agency and whose foster children were representative, in age and type, of the children generally served by the agency. About half these couples had European children in their homes. We sought people who would be able to speak up in the group without hesitation or embarrassment, since the committee members would act as co-leaders in each discussion and at times would have to take a definite assignment to prepare to focus discussion on a certain point. We asked the staff to recommend foster parents who in their opinion measured up to these requirements. We included foster fathers as well as foster mothers.

The Sterns were our first and unanimous choice, a couple in their early forties, with two children of their own, a boy of 13 and a girl of 4. They were then entering their third year as foster parents and had in their home four foster children. They were people of moderate means, with only a sketchy formal education, and they had an earthy, natural dignity.

Mrs. Stern was a truly maternal person, who liked children. She saw in foster parenthood the opportunity to provide companionship for her own youngsters, as well as to add to the family income. During her contact with the agency she had demonstrated capacity to serve youngsters of varying capacities and behavior patterns. She was completely identified with the agency and eager to participate in planning. In spite of

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the assurance she had of the agency's confidence in her, she found it difficult to express negative feelings about the children or to take exception to the agency's planning for them.

Mr. and Mrs. Hart were also among our oldest foster parents in length of service. They too were in their early forties, and they had one adolescent daughter. They had been outstandingly successful with their one foster child over a period of several years. Mrs. Hart, characteristically, was the dominant member of the family. She was a person who expressed herself easily. There was a forthrightness about her comments that was provocative and challenging. Midway in our program the Harts dropped out, partly because their foster daughter became financially independent. Another factor in the Harts' withdrawal, we believe, was the fact that Mrs. Hart's outspokenness in the meetings created negative reactions in the group toward Mrs. Hart, which she could not tolerate.

The Harts were replaced by the Pearls, a younger couple with two small girls of their own and one foster child, an adolescent girl.

Mrs. Pearl, like Mrs. Hart, was the dominant person in the family group, but Mr. Pearl was more articulate than Mr. Hart and expressed himself more freely in the group. Mrs. Pearl, a practical, thoughtful, even-tempered person, contributed a matter-of-fact objective mood to committee meetings.

European child welcomed

Mr. and Mrs. Robins were of the newer foster-parent group, the post-war applicants. They were in their middle thirties, with three children of their own. Their foster child was a displaced European girl. Mr. Robins' experience with the Army of Occupation in Germany, when he came in contact with the "lost" children in the concentration camps, stimulated his interest in providing a home for a youngster from Europe. He was a quiet young man, apparently secure in his familial and marital relation-



A good foster mother gives the child the same personal care she would give her own child.

ships. Mrs. Robins shared her husband's interest in serving, but she was a less relaxed person and one more concerned with matching reality to the ideal. Their earnestness bore fruit in the success they had with the displaced youngster they took into their home.

The Millers could be described as the most challengingly outspoken of our foster parents. They had an intense interest in the agency's program, and Mrs. Miller, active in Jewish community life, had a keen understanding of the professional point of view and consciously tries to make use of it in her work as a foster parent. They had begun to provide an infant home for us about 10 years before this program began, and, after a lapse of more than 5 years, applied again, this time for adolescent foster children. We now use their home as a small group home for children of all ages.

Mrs. Tager was a woman in her late 50's, bright but unschooled, with real liking for children and sensitivity to their needs, but little interest in or concern about the agency's concepts. She "indulged" the workers just as she did a foster child. She at the same time demonstrated tremendous tolerance and warmth for a youngster with serious behavior difficulties.

This then was really the beginning of our program—a program that falls into three distinct periods. The first,

May to July 1948, was a period of groping and free discussion; the second, October 1948 to July 1949, was the period when the areas of interest and concern were more clearly identified and formulated; and the third, October 1949 to the present, when foster parents have participated actively in the selection of the subjects to be considered and in long-range planning of discussions. The foster-parent meetings today are much more the group's own program than was possible at the outset, because today we have in the group a large enough nucleus of foster parents who have been active in the program and through it have gained experience in self-scrutiny and self-expression, so that continuity and direction can stem from the group.

When we suggested the plan of monthly foster-parent meetings to the group of four couples, Mrs. Stern, always eager to express approval of the agency, thought it would be a wonderful idea. Mrs. Robins wanted to know the precise arrangements, and her husband said it was a good plan if we could really work it up.

Then Mrs. Hart spoke her mind, prefacing her remarks with her usual "You won't like what I'm going to say." She wanted to know how we could expect foster parents to be completely honest, to tell what problems they really have, and to confront the caseworkers and the agency openly with criticism of their

methods. It might be a good idea, she said, like many of the agency's other ideas, but she for one doubted that it would work. Then, as an afterthought she quietly remarked that it wouldn't hurt to try.

A general, free-for-all discussion followed, with the foster parents commiserating with one another on their "problems" and occasionally remembering to reassure the two staff members who were present with: "We think the agency does a wonderful thing, the way you give the children everything."

First general meeting planned

After some time, the chairman remarked that what we hoped to do in a more organized fashion in the larger meeting had been done here in some slight degree—we had found some mutual problems and questions and had engaged in a lively discussion of them. The value such meetings might have for all of us was pointed out. The kind of frankness Mrs. Hart had displayed was good, and we hoped that eventually all our foster parents would feel equally free to share their reactions and feelings about the work we were doing together. Gradually, as each member expressed himself, enthusiasm seemed to develop within the group about the program we had suggested, and the committee began to plan thoughtfully for the first general meeting.

Our first meetings were held in the homes of staff members. A generally social air predominated and a note of informality developed around refreshments served at the end of each meeting.

About 30 foster parents came to the first meeting. We were struck by their reaction to one another. Because of the close ties in Cleveland's Jewish community, few of the group were really strangers to one another. Visible on many of their faces was the question that one or two blurted out. "Are you a foster parent, too?" We saw some instances of bristling embarrassment, but after the first brief period of constraint and tension the group relaxed.

The group was formally greeted by our director, who stressed the im-

portance of the work in which we were mutually engaged and expressed the hope that our meetings together would prove helpful in improving the quality of our service to children. The case consultant then took over the meeting. He outlined the purpose of the meeting as seen by our staff and the group of foster parents who had met with the staff in an advisory capacity; and then he encouraged discussion and questions on the proposed program and on our work in general.

What questions did they have about the agency, about the children, about their work as foster parents? The first uneasy response was volunteered by one of the committee members, and the way was opened. How can you satisfy an adolescent girl about the amount of clothing she asks for? Why do the children seem to resent the agency at times? Why is it you can say anything you want to your own children, but can't to a foster child? Why are there certain rules about parents visiting? And wouldn't it be better if some parents didn't visit at all? Just what do the social workers do with the children in their offices?

There were comments, tentative at first, then more and more bold. Some foster parents seemed fearful of implying any criticism of the agency and were lyrical in their declaration that all is right with the foster child's world so long as he is in the foster home; others, of a more aggressive bent, sounded a critical note. The greater number, however, were silent in the meeting, but later, over the coffee cups, expressed interest in further meetings.

Planning committee meets again

At the second meeting of the planning committee, only cautious approval of the first general meeting was expressed. Each committee member launched into a discussion of his own experiences with his specific foster child and caseworker, as though testing the tolerance of the group for real questioning and negative feelings. It was only after free expression had been given to this that the group was able to settle down to considering a topic for the next gen-

eral meeting. The subject which seemed of most urgent interest to the group was "the caseworker": What is the role of the caseworker? What happens in the individual conferences between the caseworker and the child? Why does the child so often come away from his contacts with the caseworker so upset? And on and on.

Thus "the caseworker" became the subject of the second general meeting. For the group to understand the role of the caseworker it was felt that it would be important and helpful for them to study, not only the caseworker, but themselves, in relation to the total agency structure and network of services. The director therefore was asked to explain the agency organization to the group. He explained the foster-home-care department of the agency and its relationship to the agency's institution and its day nursery. He explained then, in considerable detail, the specific role and training of the caseworker, her responsibility in approving and supervising foster homes, and the importance of her work with children who are in placement, and with their parents. He mentioned, too, the State licensing procedures.

The foster parents then were encouraged to give their impression of the role and function of the caseworker. One foster parent described the caseworker as a "referee" between the foster parent and the child; another spoke of the caseworker as the person to whom the child can go "to get things off his chest"; still another saw the caseworker as the person whom the child "plays against" the foster parents. It was apparent that the foster parents had much question about the need for and the usefulness of the caseworker. There was some suggestion, even, that the caseworker was a source of confusion and disturbance to all concerned, particularly in such matters as allowances, jobs, and dating.

The discussion branched into a consideration of why and how children come to the attention of the agency and how parents and chil-

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dren are helped to use its services. There was discussion, too, of the part the caseworker plays in the selection of foster homes. And out of this evolved the question: "Why do people become foster parents?" a basic question which made up one of the many recurrent themes of the meetings that followed, but one which at this point had in it a bombshell quality.

A foster mother who had one of our babies in her home replied, "We want to help children." Mrs. Tager said, "We want to do a good deed, like the Bible says." But our forthright Mrs. Hart stated bluntly, "We do it for selfish reasons. We can't love the children because we don't know them before they come to us. I had only one child and I wanted a companion for her, but we also do it for the money; let's not forget that!"

There was an audible silence, a momentary gasping for breath as though reacting to shock, and then an outburst of protestation. One foster mother went so far as to assert vehemently that the agency should not accept foster parents who said they were interested in the money. Others weren't sure. One ventured that if a foster mother was honest enough to indicate that she was interested in the money, when that was the situation, she would also be honest with the child. She thought that if the family met the agency's other qualifications, their interest in finances should not disqualify them.

It was at this point that the discussion leader raised the question about whether it was so wrong to be interested in earning extra money. The rest of us, referring to caseworkers and other members of the staff, get paid for what we do—why should there be any question about money as a motive for foster parenthood? Being paid does not take away from the special nature of the job; nor does it matter that while we may be earning extra money we may at the same time be meeting other needs, such as the need for companionship.

After this outburst and sorting out of feelings, it seemed that the dis-



Many factors, of course, enter into a couple's reasons for taking a foster child into their home. Often the most important factor is enjoyment of the child's companionship.

cussion of what goes into the agency's selection of foster parents, which followed, took on new meaning. The group was obviously impressed and intrigued with the fact that the staff saw foster parenthood as a form of employment and felt that work should be paid for. They became curious about how the agency decided which couples to accept and which to reject. This gave the staff an opportunity to discuss our intake procedures, our study of the foster homes, and our use of references.

Over the coffee cups after this meeting there was more than informality and cordiality. There was an air of elation as foster parents talked with other foster parents and with agency staff. As one foster mother put it: "I never knew so much time and thought went into the work we are doing together." Staff members, in their home calls after the meeting, were unanimous in their feeling that "something had happened" to level away the barrier that had always seemed to exist between foster parents and staff. There was a quality of togetherness that had never been so apparent before. There was a clearer understanding on the part of foster parents of their place in the total agency organization, a new feeling of status, and of appreciation of the real importance of the job they were doing.

Our third meeting continued what

might be called our stream-of-consciousness discussion. It was held at the beginning of the summer-vacation period. The staff committee planned it as a party. The one bit of serious business would be in the form of a parlor game. We presented to the group six situations: Three in which a foster child needed placement, and three in which foster parents were awaiting placement of the kind of child they had requested. We asked our foster parents to match children to homes. From the discussion evolved such questions as:

Could you love a foster child as much as you love your own? Perhaps not, but you could try not to show favoritism in front of the children.

A foster child ought to be placed in a home where he would not have to compete with an "own" child near his age.

Maybe the agency does have a hard time if we foster parents limit them too exactly in the kind of foster children we ask for.

In the kind of things they expect and demand from adults, in the way they talk to adults, foster children aren't much different from our own children.

An adolescent girl may be better off with a young foster mother, who can remember her adolescence and act as an older sister, rather than with a motherly older woman.

Perhaps there is not much difference between the American child and the displaced European child.

The meeting ended with eagerly expressed anticipation of the beginning of the series in the fall.

(To be concluded in the next issue)

FOR MORE REWARDING SUMMER RECREATION

A city health department provides consultation services to day camps

LILLIAN MARGOLIN

IN A CROWDED CITY, children need opportunities for the kinds of summer recreation that are safer, more healthful, and more constructive than haphazard play on the street. During the school-vacation months, many groups and some individuals in New York City attempt to supply such opportunities by offering children a wide variety of organized recreational programs, known in general as day camps. It is estimated that nearly 600 such camps are open in the city for about 8 weeks each summer. (These do not include year-round day-care centers, nor mass recreation programs such as the vacation playgrounds provided by the Board of Education and by the Department of Parks—programs in which the children may not be regularly enrolled.)

Sponsorship varies

Such organizations as settlement houses, Boy Scouts and Girl Scouts, religious groups, and various social agencies sponsor some of the day camps. The municipal government is responsible for some, through its Board of Education, its Housing Authority, and its Youth Board. Others are operated by private individuals, and by cooperative groups of parents. Some landlords have established day camps for the children of their tenants. The large majority of the camps are run by nonprofit groups; less than a quarter of them are commercial.

LILLIAN MARGOLIN is Head of the Day Camp Unit, Bureau of Child Health, New York City Department of Health. During the past 15 years Miss Margolin has held various executive positions in the field of social group work, including that of director of resident country camps and day camps, in New York City.

Each summer at least 100,000 children under 16 take part in these day-camp programs. With such a large number of children involved, the Bureau of Child Health of the city's Department of Health naturally is concerned about their physical, mental, and emotional health. And for the past 2 years the Bureau's Division of Day Care and Foster Homes has had a special Day Camp

this service we also collect complete data on the camps, such as their location, the number and ages of children attending, the number and qualifications of staff, the hours per session and number of sessions per week and the fees paid by parents.

Because changes cannot be made easily while the children are at the camps, our consultation service is most effective when given during the



A good day camp offers a relaxed atmosphere, where children may use their own initiative.

Unit, including three social group workers and a public-health nurse. This Unit works to help camp operators and directors offer children experiences that are safe, healthful, and happy.

As a step in this direction we of the Day Camp Unit observe and evaluate the programs while they are in operation, and give year-round consultation service. To help us give

periods of pre-season planning and post-season evaluation.

In evaluating the day-camp programs and recommending changes, we have found helpful a set of minimum standards that have been recommended by the Welfare and Health Council of New York City. These standards, dealing with health services, physical facilities, sanitation, food, program, transportation, per-

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sonnel, insurance, and records, were described in *The Child*, October 1951.

Besides giving consultation service to the directors of individual camps, the staff members of the Day Camp Unit hold conferences with representatives of the large organizations whose affiliates conduct day-camp programs, and of the private day-camp associations. At such a meeting we analyze the particular situation of the group and seek solutions to its problems; we enlist its cooperation in improving practices in its camps; we explain the recommended standards, distribute literature, and answer questions.

In our consultations we make every effort to preserve the individuality of each camp. The help given depends partly on the basic philosophy of the

tempt to stereotype the programs, nor do we assume that only one method of operation is sound.

With some camps it is necessary for us to start our consultation with recommendations concerning basic minimum needs, such as for maintaining cleanliness, providing an adequate number of toilets and wash-basins, controlling flies and vermin, providing shelter for the children during inclement weather, and arranging for them to have wholesome food.

Other camps may not need help in such elementary matters, but may need help in developing a sound health program. To the director of such a camp we might explain the value of pre-season health examinations for campers and staff. Also we

might work out methods for daily inspection to detect signs of illness, and plan for dealing with accidents and sudden illness. We might suggest routines including rest periods, and offer ideas for interesting and nutritious meals.

Often, after the consultant has made recommendations of this kind to a camp director, other important aspects of the program will come under discussion, such as camp personnel. Our Unit constantly stresses the importance of having warm, friendly, mature staff members, who understand the growth and behavior of children. We emphasize that the previous training of these workers should include some study in the field of education, or of recreation, or of social work, as well as experience with children in groups.

The Unit realizes that it is not always enough to convince a camp director that a day camp should have well-qualified personnel; it is often desirable also to help him make the best use of the funds budgeted for staff salaries, and to suggest sources for recruiting workers. The consultants are ready also to help a director develop in-service training programs and methods of supervision, and to assist with personnel practices in general.

To meet needs of different children

Planning for staff is necessarily related to the number and the age group of children for whom the worker will take responsibility, as well as to the program he will conduct. In discussing the daily routines of the group, the consultant and the director will give consideration to the need for balance between activities and quiet intervals; and to the need for offering a variety of experiences to meet the needs of children with different interests. These experiences might include swimming, group games, arts and crafts, hikes, picnics, study of nature lore, music, dramatics, and so forth.

"Program" includes the entire range of activities, relationships, interactions, and experiences, both individual and group, which the director plans and carries out with the



Mature, creative leadership is an essential for a successful day-camp program for children.

agency that operates the camp, the type of program, and the director's readiness to accept help. Each camp has its own set of problems, its own philosophy and objectives. Despite this variety, however, some basic common denominators of sound practice and principles of good living and good health apply to all the camps, for they apply to all children in all situations. Our Unit makes no at-

tempt to stereotype the programs, nor do we assume that only one method of operation is sound. With some camps it is necessary for us to start our consultation with recommendations concerning basic minimum needs, such as for maintaining cleanliness, providing an adequate number of toilets and wash-basins, controlling flies and vermin, providing shelter for the children during inclement weather, and arranging for them to have wholesome food. Other camps may not need help in such elementary matters, but may need help in developing a sound health program. To the director of such a camp we might explain the value of pre-season health examinations for campers and staff. Also we

help of the counselor to meet the needs of the individuals and the group.

To help with program development, the Day Camp Unit compiles reading lists and offers equipment lists, and also makes specific suggestions, according to the location and resources of the particular camp.

In a play school in a congested slum area, for example, a plan was developed through joint conferences for regular weekly trips to State parks, to farms, to the agency's resident camp, and to other rural spots. For many of these children these trips were their only opportunity to know at first hand the feel of earth and grass, to wade in a brook, to see a frog or a salamander hop out of a puddle, to climb a tree, and to know the freedom of unencumbered space.

Conditions improve

An earnest attempt is made by the consultants to consider the particular problems of a group, in relation to limitations of physical facilities, restricted funds, location of the camp, and the nature and extent of the service, as well as the needs of the community. At the suggestion of a consultant, concrete assistance has been given in many situations by the Bureaus of Sanitary Engineering and Sanitary Inspections, both of the Department of Health. Advice is given by the representatives of these bureaus on how to make the best use of what is available, and this, of course, need not result in large financial expenditures. Methods of obtaining improved light and ventilation are suggested, along with procedures for sanitary maintenance, for proper garbage disposal, and for efficient dishwashing and food storage. The know-how of experts has repeatedly resulted in improved conditions.

Representatives of the Department of Health's Bureau of Nutrition are also called in by our consultants to advise many directors of day camps. Again, no stereotyped or rigid procedures are suggested by these nutritionists. Many factors are taken into consideration in making recommendations concerning the children's nutrition. The agency's food budget is

taken into account, as well as the cultural habits and needs of the children served, and the camp's facilities for cooking and serving food. Many agencies are thus helped to provide interesting, well-balanced, nutritious meals for the children at a reasonable cost. Since in some camps the children bring box lunches from home, the Day Camp Unit, in cooperation with the Bureau of Nutrition, has published a leaflet entitled "Box Lunches and Snacks in Day Camps and Summer Group Programs." This pamphlet is available to the camps for distribution to parents. In addition the Unit consultants and the nutritionists meet frequently with parent groups to discuss the food needs of children in day camps.

The work of the Unit is helped immeasurably through the broad resources of the Department of Health. Specialized assistance is available from other bureaus of the Department—not only the three bureaus mentioned previously, but also the Bureaus of School Health, Public Health Nursing, Public Health Education, Preventable Diseases, Records and Statistics, Foods and Drugs, and

the unit devoted to public relations and publicity.

Our consultation service is in effect an educational process, and we establish ongoing relationships with many groups. In some instances the camp operators request our help; in others the consultant takes the initiative. In no case has any group refused to discuss its operation of a camp or to permit observation or inspection.

We prepare for follow-up

The information secured during consultation conferences and observation visits is noted in case records. These records enable us to compile all known data, to give a complete picture of each agency concerned, in order to help in follow-up in the future and in over-all comparative studies.

During the months of July and August the Unit's year-round staff of four consultants is augmented by a part-time staff of school physicians assigned by the Department of Health, and by several sanitary inspectors. This staff, working sometimes in teams, sometimes individually, carries on carefully planned field visits. The physicians observe, evaluate, and make recommendations re-

Each summer 100,000 New York City children under 16 go to day camps. And the city's Department of Health is concerned about their physical, mental, and emotional health.



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garding the health program; the sanitary inspectors concentrate their attention on sanitation and physical facilities; the consultants observe all aspects of the program. After each visit to a camp, a conference is held with the director or other person in charge of the camp, an evaluation is given, and recommendations made. We follow each visit with a letter summarizing the recommendations.

Standards and practices in day camps can be improved only as parents become aware of the need for such improvement. It is therefore necessary to keep parents informed about good standards and the value of having good programs.

Most parents have at least some concern about the need for clean surroundings, attractive facilities, and sufficient, nutritious food. But they are somewhat less aware of what constitutes a creative, well-rounded, well-balanced program; what qualifications a competent staff should have; what materials and equipment ought to be available. Parents need to be kept informed about new concepts of child development and modern methods of recreational programming.

Some parents do not realize how a highly competitive atmosphere, for example, affects their youngsters. In fact parents themselves frequently insist that their children bring home evidence of their accomplishments in the form of such things as a finished ash tray or a decorative pie plate; that they receive marks of achievement in medals and awards; and that their interest and enthusiasm be maintained by spectacular events such as carnivals.

Some parents, remembering their own camp experience, demand for their children the same regimented, readymade, overorganized programs they have known about in the past.

When parents understand the fundamental needs of children, they will not be satisfied unless the program offers a relaxed, informal atmosphere, where children are permitted to use their own initiative, where there are opportunities for adventure, where the activities are interesting but not predigested and

routinized, and where the leadership is mature and creative.

The Day Camp Unit has tried to spread these ideas by means of meetings with parents' associations; through careful guidance of parent cooperatives that sponsor day-camp programs; through radio broadcasting and newspaper publicity; and through preparation and distribution of printed materials. It should be noted that parents have been very receptive to information about acceptable standards, are extremely eager to be informed, and are constantly seeking help in selecting day camps for their children. The Department of Health's folder, "Pointers for Parents," which lists factors to be considered in picking a summer day camp for children, has been widely used.

As a result of the keen interest of various associations and councils concerned with recreation programs for children, our Day Camp Unit receives a great deal of help. These groups help to locate and identify camps; they distribute the pamphlets that the Department prepares for camp operators and for parents; and they help to publicize the recommended standards. They also explain the work of the Day Camp Unit to their affiliates, and they make valuable suggestions to the Unit as to methods of approaching the problem as a whole. These groups have organized conferences and panels on day camping and similar programs, and have invited staff members of the Unit to take part.

Toward raising standards

In offering consultation service to the many day camps in the City of New York, the Day Camp Unit has worked to meet the needs of parents, of operating groups, of community agencies, and especially of the children attending these camps. Our experience shows that such service, given by experienced professional workers who are concerned with all aspects of recreational programs for children, is one way to bridge the gap between theory and practice, and is a practical approach toward raising day-camp standards.

FOR YOUR BOOKSHELF

RESIDENTIAL TREATMENT OF EMOTIONALLY DISTURBED CHILDREN; a descriptive study. By Joseph H. Reid and Helen R. Hagan. Child Welfare League of America, 24 West Fortieth Street, New York 18, N. Y. 1952. 313 pp. \$3.50.

In this report of 12 centers for treatment of children with severe personality disorders the Child Welfare League of America gives a detailed description of each center, written by a study team that spent 1 to 3 weeks at the center, observing practice, interviewing key personnel, and reading reports. Each report includes also an evaluation or critique, written by the center's director.

These descriptions offer readers an opportunity to evaluate programs under different types of auspices. Thus, the report should be useful in promoting better understanding of residential clinical services and of the various studies of such services.

Treatment in residence of emotionally disturbed children is the major function of each of the 12 centers selected for study. Each provides direct psychotherapy integrated with a therapeutic living milieu. Each has control over what children should be admitted. All are considered by the workers who made the study as representative of the field. "The number of treatment centers in the United States, other than these 12, is not large," says the report, "and few, it is believed, have developed resources comparable to those described here."

Seven of the 12 centers can be considered medical programs and are administered by physicians. Five are social-agency programs, administered by social workers. Some of the programs were established principally for disturbed children for whom foster care also must be provided. Other programs assume no responsibility for the child's foster-care needs beyond the period he is in treatment.

Differences also may be seen between centers that offer essentially service programs and those that have a major training and research responsibility. A later publication of the Child Welfare League of America will analyze and evaluate some of these differences in function and organization.

RESIDENTIAL TREATMENT CENTERS FOR EMOTIONALLY DISTURBED CHILDREN; a listing. Federal Security Agency (now the Department of Health, Education, and Welfare), Social Security Administration, Children's Bureau. 1952. 78 pp. 25 cents. For sale by the Superintendent of Documents, Government Printing Office, Washington 25, D. C. Single copies available from the Children's Bureau without charge.

To obtain information that would be helpful in answering questions from agencies and parents about programs for children with emotional disturbances, the Children's Bureau has assembled information from 36 centers whose directors reported that the center's primary purpose was treatment of emotionally disturbed children. The Bureau has listed these 36 organizations, along with a brief description of the services, staff, and facilities of each, in the hope that it will be helpful to professional workers using these services.

The information reflects the centers' services as of the spring of 1952. No attempt has been made to evaluate the programs, and inclusion of them in this directory does not constitute an endorsement by the Children's Bureau.

AN APPROACH TO MEASURING RESULTS IN SOCIAL WORK; a report on the Michigan reconnaissance study of evaluative research in social work sponsored by the Michigan Welfare League. By David G. French. Columbia University Press, New York. 1952. 178 pp. \$3.

This study will be of interest and value to all persons—lay and professional—who have had occasion to ask one or more of the following questions: "Are people being benefited by social-work services in the way they need to be benefited? Is the money which the community is investing in social-work services producing results that justify continuing or extending these services? What kinds of improvements are possible in making social-work services more effective?" Although the study does not purport to answer these questions, it is directed toward a better understanding of what is involved in obtaining the answers. Because the report is written with clarity and with a notable absence of technical jargon, it may be read with ease and profit by both research and nonresearch people.

Rather than undertake another venture in evaluating some aspect of

social service, the Michigan Welfare Board, which sponsored the study, decided in favor of the necessity of learning more about the basic issues and problems involved in measuring the effectiveness of practice. In fulfilling this charge, Mr. French analyzes critically past efforts at evaluation, the obstacles which these efforts have met, and the many considerations to be faced in planning for a continuing program of evaluative research. The material for this "reconnaissance" was obtained from a review and careful study of the literature on social work and social-work research, supplemented by a series of individual and group conferences designed to elicit material not available in printed form.

The findings of this exploratory study indicate not only that those responsible for social-work programs have many questions about the effectiveness of welfare services, but that they look to research for the answers. A review of the questions raised by social workers brought out that some may appropriately be answered by research; others not.

Questions about the goals and the values of welfare services must be considered by means other than research. As a matter of fact, one of the greatest obstacles to evaluative studies has been the lack of agreement about goals. Evaluation of practice can only be in terms of the ends which it seeks for both the client and the community. Others among the questions raised by social workers can ultimately be answered by objective research.

Mr. French's material clarifies two essential tasks which come before research as such: (1) The need to make explicit the assumptions and theories on which social-work practice is based; and (2) the need to phrase the questions in research terms and to organize them into a proper sequence.

Assuming that these tasks can and will be accomplished, the next steps in a program of evaluative research are, in Mr. French's opinion: (1) Analyzing the problems with which the service deals; (2) describing and standardizing the service; (3) measuring the degree of change brought about by the application of the service; and (4) determining whether the change observed is the result of the service or is due to some other cause. The realization of such a program will require, according to the author, interchange of ideas and skills among administrators, practitioners, social scientists, and social-work research workers.

Research into the effectiveness of social-work practice requires many things: (1) A desire for the answers, (2) funds, (3) know-how—to mention a few. More than anything else, however, an objective evaluation of social work demands a willingness to face basic issues and to raise fundamental, and sometimes unsettling, questions. Mr. French has done a real service in making this very clear.

Sophie T. Cambria, Ph.D.
Hunter College, New York City

NOTE: Although this report deals with the measurement of social work, it contains much that will be of interest to those concerned with public-health services. Similar needs for measurement of results, justification of expenditure, and increasing effectiveness exist in both fields. And, as Mr. French says, certain steps are essential to evaluative thinking, whatever the subject under consideration.

Marian M. Crane, M.D.

RECIPES FOR NURSERY SCHOOLS AND OTHER GROUP CARE CENTERS. Compiled by Edna Mohr. Elizabeth McCormick Memorial Fund, 848 North Dearborn Street, Chicago 10, Ill. 1951. Processed. 52 pp. 50 cents.

Recipes that have been used successfully in many nursery schools are offered in this publication to help directors of child-care centers and their cooks. The recipes give the amounts of ingredients necessary for serving 25, 50, and 100 children.

Catherine M. Leamy

IN THE NEWS

Juvenile delinquency. Through a new grant from the Field Foundation, the life of the Special Juvenile Delinquency Project that is working closely with the Children's Bureau has been extended until January 1, 1954. Supported by voluntary contributions disbursed by the Child Welfare League of America, the Project aims to improve treatment services for delinquent children.

For its final 6 months' activity, with an enlarged staff, the Project hopes to bring to conclusion the work it has undertaken along with the Juvenile Delinquency Branch of the Bureau in developing new standards—or statements of desirable practice—for training schools for delinquent children, juvenile courts, and juve-

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...ile-police services. Specialists from
...all over the country are cooperating
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...Addition of the new staff will per-
...mit the Project to step up its coopera-
...tive efforts with the various National,
...State, and local groups that have been
...participating in the campaign for
...better services for delinquent chil-
...dren.

...The Project grew out of a Confer-
...ence on Delinquency Control held by
...the Children's Bureau in Washington
...in April 1952. It is hoped that the
...Project can conclude by recalling the
...members of this 1952 conference in
...order to report to them on work
...accomplished and what remains to
...be done.

SUMMER COURSES

...Columbia University. New York
...School of Social Work. New York 28,
...N. Y.

...Two series of summer institutes in
...social work. Some of the courses:
...Series I (for graduates of schools of
...social work): Social treatment with
...the adolescent; Social work with the
...ill and handicapped. Series II: The
...psychosocial development of the nor-
...mal child; Casework with unmarried
...mothers; and Casework with children
...in their own homes and in substitute
...homes. Series I, July 6-17. Series II,
...July 20-31.

...Louisiana State University and A. &
...M. College. School of Social Welfare,
...Baton Rouge.

...Some of the short courses: Work-
...shops: Children in foster care (June
...5-26); Children and public welfare
... (July 20-Aug. 7).

...Nursery Training School of Boston.
...Boston 15, Mass.

...For experienced nursery-school
...teachers: Child growth and guidance
...—a seminar; Teacher education
...through nursery school—a workshop;
...Nursery-school education for the
...physically handicapped child—a
...workshop. Also a try-out course for
...high-school students and others who
...are considering entering the field of
...early-childhood education. (June 29-
...Aug. 7.)

...Smith College. School for Social
...Work. Northampton, Mass.

...Graduate seminars for experienced
...social workers: Advanced casework;
...Supervisory method in social case-
...work; Ego psychology; Psychodyna-
...mics of delinquency; Casework inter-
...pretation and writing; and Educa-
...tional methods in teaching casework.
... (July 20-30.)

...University of Chicago. School of
...Social Service Administration. Chi-
...cago 37, Ill.

...Some of the workshops: Casework
...with children and adolescents (June
...29-July 11); Work with parents of
...children in placement (July 20-25).
...Special lectures (daily): Adolescence
...as a phase in the development of the
...ego. (July 6-10.)

...University of Minnesota. Minneapo-
...lis, Minn.

...Under the sponsorship of a number
...of the University's colleges and
...schools, including the School of Social
...Work, the Family Life Division of
...General Studies, the Institute of Child
...Welfare, and others, the Family Life
...Workshop will emphasize the value of
...teamwork among professional work-
...ers in family-life education—teach-
...ers, marriage counselors, social
...workers, public-health workers, re-
...search personnel, and others in the
...family-life field. (July 6-24.)

...University of Pennsylvania. Philadel-
...phia 4, Pa.

...The eleventh annual course in
...Family living and sex education is
...sponsored by the School of Education
...and the Institute for the Study of
...Venereal Diseases, University of
...Pennsylvania, in cooperation with the
...Public Health Service, Department of
...Health, Education, and Welfare;
...Pennsylvania State Department of
...Health; and the American Social Hy-
...giene Association. It is intended for
...public-health workers, counselors,
...teachers, religious leaders, nurses, so-
...cial workers, group leaders, and par-
...ents. (June 29-July 31.)

CALENDAR

...Aug. 16-22. World Federation for
...Mental Health. Sixth annual meet-
...ing. Vienna, Austria.

...Aug. 25-28. American Dietetic Asso-
...ciation. Thirty-sixth annual meet-
...ing. Los Angeles, Calif.

...Aug. 30-Sept. 1. American Socio-
...logical Society. Forty-eighth an-
...nual meeting. Berkeley, Calif.

...Aug. 31-Sept. 2. National Council on
...Family Relations. Annual confer-
...ence. East Lansing, Mich.

...Aug. 31-Sept. 3. American Hospital
...Association. Fifty-fifth annual con-
...vention. San Francisco, Calif.

...Aug. 31-Sept. 3. American Legion.
...Thirty-fifth annual national con-
...vention. St. Louis, Mo.

...Sept. 1-30. Sight Saving Month. In-
...formation from the National So-
...ciety for the Prevention of Blind-
...ness, 1790 Broadway, New York 19,
...N. Y.

...Sept. 3-8. United States Assembly of
...Youth. Sponsored by the Young
...Adult Council of the National Social
...Welfare Assembly. Ann Arbor,
...Mich.

...Sept. 4-9. American Psychological
...Association. Sixty-first annual con-
...vention. Cleveland, Ohio.

...Sept. 6-11. National Urban League.
...Annual conference. Philadelphia,
...Pa.

...Sept. 10-12. American Political Sci-
...ence Association. Forty-ninth an-
...nual meeting. Washington, D. C.

...Sept. 13-20. World Assembly of
...Youth Rural Youth Conference.
...Host: The Italian national commit-
...tee for the World Assembly of
...Youth. (The Food and Agriculture
...Organization of the United Nations
...is assisting in the preparatory mat-
...terials.) Address inquiries to:
...World Assembly of Youth, 6 rue
...Ampere, Paris 17, France.

...Sept. 17. Citizenship Day. Informa-
...tion from the Citizenship Commit-
...tee, National Education Associa-
...tion, 1201 Sixteenth Street NW.,
...Washington 6, D. C.

...Sept. 17-19. National Conference on
...Citizenship. Eighth annual meet-
...ing. Washington, D. C.

...Sept. 25-27. American Society of Den-
...tistry for Children. Twenty-sixth
...annual meeting. Cleveland, Ohio.

...Sept. 27-Oct. 4. Christian Education
...Week. Sponsored by the National
...Council of the Churches of Christ,
...79 East Adams Street, Chicago 3,
...Ill.

...Sept. 28-Oct. 1. American Dental As-
...sociation. Ninety-fourth annual
...session. Cleveland, Ohio.

...Sept. 28-Oct. 2. National Recreation
...Association. Thirty-fifth National
...Recreation Congress. Philadelphia,
...Pa.

...Regional conferences, American
...Public Welfare Association:

...Sept. 9-11. West Coast Region. Los
...Angeles, Calif.

...Sept. 24-26. Northeast Region. Wash-
...ington, D. C.

...Sept. 30-Oct. 2. Southeast Region.
...Jacksonville, Fla.

...Illustrations:
...Esther Bubley. Pittsburgh Photographic
...Library.

...Pp. 154 and 157, Archie Hardy.
...P. 159, Esther Bubley.
...P. 161, Philip Bonn.
...Pp. 162-164, courtesy of the author.

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JUNE-JULY 1953

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Published 10 times a year by the
Division of Reports, Children's Bureau

Editor, Sarah L. Doran
Art Editor, Philip Bonn

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Publication of THE CHILD, monthly bulletin, has been authorized by the Bureau of the Budget, September 19, 1950, to meet the needs of agencies working with or for children.

The Children's Bureau does not necessarily assume responsibility for statements or opinions of contributors not connected with the Bureau.

THE CHILD is sent free, on request, to libraries and to public employees in fields concerning children; address requests to the Children's Bureau, U. S. Department of Health, Education, and Welfare, Washington 25, D. C.

For others the subscription price is \$1.25 a year. On all orders of 100 or more sent to one address there is a discount of 25 percent. Single copies 15 cents each. Send your remittance to the Superintendent of Docu-

ments, Government Printing Office, Washington 25, D. C.

Foreign postage—25 cents additional—must be paid on all subscriptions to countries in the Eastern Hemisphere and those sent to Argentina and Brazil. Domestic postage applies to all other subscriptions.

THE CHILD is indexed in the *Education Index*, the *Quarterly Cumulative Index Medicus*, and *Psychological Abstracts*.

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